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## BIB DATA SHEET

CONFIRMATION NO. 1498

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/693,308	10/24/2003 RULE	435	1632	CARP0015-100		
<b>APPLICANTS</b> Frank Grosveld, Rotterdam, NETHERLANDS; <b>** CONTINUING DATA *****</b> This application is a CON of PCT/IB02/02303 04/24/2002 <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM GB0110029.6 04/24/2001 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> SMALL ENTITY ** 01/26/2004						
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No /ANOOOP KUMAR SINGH/ Examiner's Signature	<input type="checkbox"/> Met after Allowance aks Initials	<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 32	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> COZEN O'CONNOR, P.C. 1900 MARKET STREET PHILADELPHIA, PA 19103-3508 UNITED STATES						
<b>TITLE</b> Immunoglobulin 2						
<b>FILING FEE RECEIVED</b> 858	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		